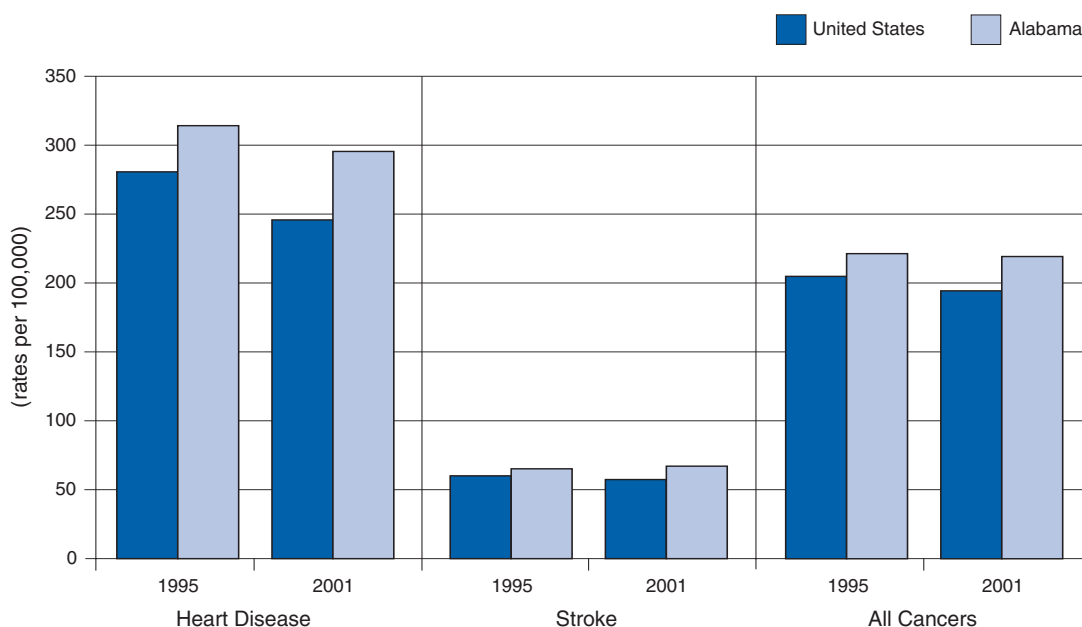


## Chronic Diseases: The Leading Causes of Death

### The Leading Causes of Death

United States and Alabama, 1995 and 2001



Source: National Center for Health Statistics, 2003

### The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

### Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

# The Leading Causes of Death and Their Risk Factors

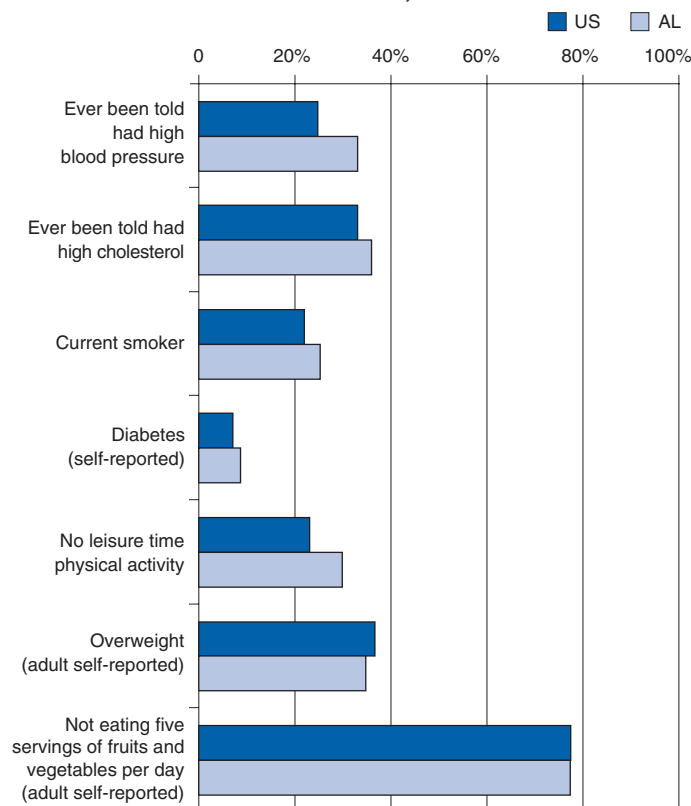
## Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Alabama, accounting for 13,207 deaths or approximately 29% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 2,998 deaths or approximately 7% of the state's deaths in 2001.

### Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

## Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 10,000 are expected in Alabama. About 1.4 million new cases of cancer will be diagnosed nationally in 2004. This figure includes 24,270 new cases that are likely to be diagnosed in Alabama.

Estimated Cancer Deaths, 2004

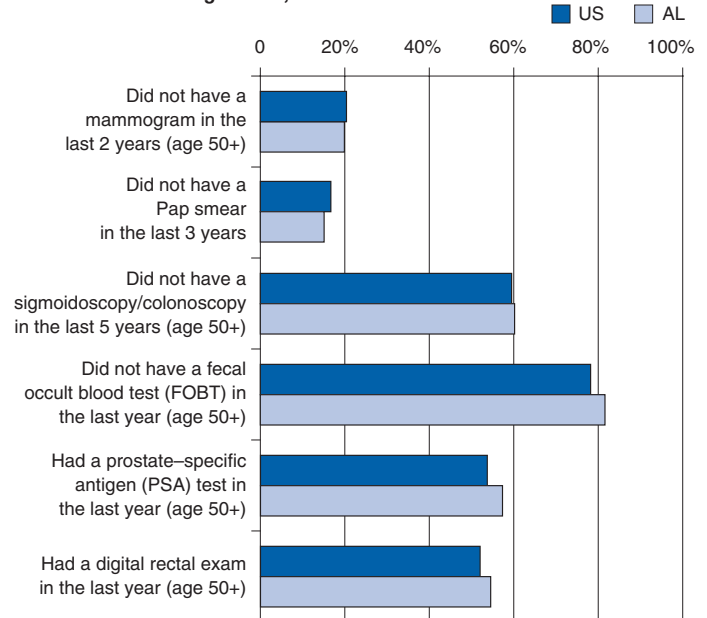
Cause of death	US	AL
All Cancers	563,700	10,000
Breast (female)	40,110	740
Colorectal	56,730	900
Lung and Bronchus	160,440	3,090
Prostate	29,900	630

Source: American Cancer Society, 2004

### Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

# Alabama's Chronic Disease Program Accomplishments

## Examples of Alabama's Prevention Successes

- Statistically significant decreases in cancer deaths among African American women from 200.3 per 100,000 in 1990 to 175.8 per 100,000 in 2000.
- A 13% decrease in the number of women older than age 50 who reported not having had a mammogram (from 33.2% in 1992 to 19.9% in 2002).
- Prevalence rates that were lower than corresponding national rates for self-reported overweight (34.8% in Alabama versus 36.7% nationally) and for women older than age 18 who reported not having had a Pap smear (15.1% in Alabama versus 16.7% nationally).

## CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Alabama in the areas of cancer, heart disease, stroke, and related risk factors.

### CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Alabama, FY 2003

<b>SURVEILLANCE</b>	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Alabama BRFSS</i>	\$186,244
National Program of Cancer Registries <i>Alabama Statewide Cancer Registry</i>	\$745,219
<b>CHRONIC DISEASE PREVENTION AND CONTROL</b>	
Cardiovascular Health Program <i>Alabama Cardiovascular Health Coalition</i> <i>Alabama Stroke Task Force</i> <i>Delta States Stroke Consortium</i>	\$696,000
Diabetes Control Program <i>Alabama Diabetes Prevention and Control Program</i>	\$300,000
National Breast and Cervical Cancer Early Detection Program <i>Alabama Department of Public Health Breast and Cervical Cancer Early Detection Program</i>	\$3,243,390
National Comprehensive Cancer Control Program <i>Alabama Comprehensive Cancer Control Program</i>	\$671,955
<b>WISEWOMAN</b>	\$0
<b>MODIFYING RISK FACTORS</b>	
National Tobacco Prevention and Control Program <i>Alabama Tobacco Prevention and Control Program</i>	\$1,118,560
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010) <i>University of Alabama at Birmingham</i>	\$933,277
<b>Total</b>	<b>\$7,894,645</b>

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

### Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Alabama that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

# Opportunities for Success

## Chronic Disease Highlight: Obesity and Overweight

Alabama is among the top seven most obese states in the nation. Data from the 2003 CDC Behavioral Risk Factor Surveillance System (BRFSS) indicate that approximately 28.4% of adults in Alabama are obese (BMI of 30 or higher), and an additional 34.8% of adults are overweight. In Alabama, obesity and overweight are prevalent among all races, all adult age groups, and both genders. White males have the highest percentage of overweight in Alabama (42.9%), however African Americans in Alabama have the highest percentage of obesity (37.9% compared to 26.5% for whites). After adjusting for age, the death rate rankings for obesity-related diseases in Alabama are among the highest in the nation. Alabama ranks 6th for heart disease, 9th for stroke, and 10th for diabetes.

Several factors cause obesity and overweight: food and nutrient consumption patterns, a lack of physical activity, and socioeconomic factors. In Alabama, the prevalence of obesity among persons with annual incomes at or below \$15,000 is 30.9%. In comparison, among persons with incomes at or above \$75,000, 20.8% are obese. Looking at education, obesity occurs in 26.3% of adults with less than a high school education, compared to 18.5% among college graduates. Geographically, counties in the lower third of the state are more likely to have high percentages of adults at risk for obesity and obesity-related health problems.

These data indicate that obesity and overweight together create a significant public health challenge in Alabama. In a bold step, Alabama has targeted obesity and overweight in its *Healthy Alabama 2010* plan as well as in the *Alabama Cardiovascular Health State Plan*.

Text adapted from *Obesity and Overweight in Alabama, 2003* and the *2001 Alabama Cardiovascular Health State Plan*.

### Healthy People 2010 Goals: Obesity and Overweight

Health Indicators	Baseline for Alabama (1997)	Alabama 2010 Target
Increase the proportion of adults who are physically active	17%	25%
Reduce the prevalence of overweight adults	35%	20%
Increase consumption of fruits and vegetables	17%	40%

Source: *Healthy Alabama 2010*

## Disparities in Health

African Americans comprise approximately 12% of the U.S. population—roughly about 35 million people—and are dispersed throughout the country, with high concentrations in the Southeastern United States. African Americans experience health disparities in significant proportions. They tend to have higher rates of behavioral risk factors for chronic diseases as well as higher heart disease, stroke and cancer mortality rates.

African Americans make up approximately 25% of Alabama's population and experience high rates of risk factors for heart disease and cancer and high heart disease and cancer death rates. Data from CDC's 2003 BRFSS indicate that African Americans are less likely than whites to consume 5 or more servings of fruits and vegetables per day (21.1% versus 23.0%) and are less likely to participate in leisure-time physical activity than whites (61.9% versus 73.0%). African Americans are also more likely to be obese than whites (37.9% versus 26.5%), more likely to have high blood pressure than whites (38.3% versus 32.2%), and more likely to report having been told that they have diabetes than whites (13.6% versus 7.1%).

Given the prevalence rates of the above risk factors for heart disease and stroke, it is not surprising that African Americans also have higher heart disease and stroke death rates than whites. From 1996 to 2000, African Americans in Alabama had a heart disease death rate of 670 per 100,000 compared to whites' heart disease death rate of 593 per 100,000. From 1991 to 1998, African Americans in Alabama had a stroke death rate of 180 per 100,000 compared to 124 per 100,000 for whites.

### Other Disparities

- **Breast Cancer:** In 2002, BRFSS data indicate that African American women had higher rates of breast cancer screening in the last 2 years (85.4%) than whites (78.8%); however in 2000, they had a higher breast cancer death rate than whites (29.9 per 100,000 compared to 25.9 per 100,000).
- **Cervical Cancer:** Like breast cancer, 2002 BRFSS data indicate that African American women were more likely to report having had a Pap smear in the last 3 years (90.9%) than white women (83.2%), but from 1997 to 2001, African American women in Alabama had a higher cervical cancer death rate than white women (6.1 per 100,000 compared to 2.5 per 100,000).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962  
E-mail: [ccdinfor@cdc.gov](mailto:ccdinfor@cdc.gov) | Web: <http://www.cdc.gov/nccddphp>